

# Unearthing the Buried City

## *The Janet Translation Project*

Curated and edited by

Jake Nehiley

2025

---

This document is part of *Unearthing the Buried City: The Janet Translation Project*, a series of AI-assisted English translations of Pierre Janet's works.

In his seminal 1970 book: *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, Henri Ellenberger wrote:

*Thus, Janet's work can be compared to a vast city buried beneath ashes, like Pompeii. The fate of any buried city is uncertain. It may remain buried forever. It may remain concealed while being plundered by marauders. But it may also perhaps be unearthed some day and brought back to life* (p. 409).

This project takes Ellenberger's metaphor seriously — and literally. The goal of this work is to unearth the buried city of Janet's writings and make them accessible to the English-speaking world, where much of his legacy remains obscured or misunderstood.

Pierre Janet was a pioneer of dynamic psychology, psychopathology, hypnosis, and dissociation. His influence on Freud, Jung, and the broader psychotherapeutic tradition is profound, yet the bulk of his original writings remain untranslated or scattered in partial form. These AI-assisted translations aim to fill that gap — provisionally — by making Janet's works readable and searchable in English for the first time.

This is not an academic translation, nor does it claim to replace one. It is a faithful, literal rendering produced with the aid of AI language tools such as Chat GPT and DeepL and lightly edited for clarity. Its purpose is preservation, accessibility, and revival. By bringing these texts to light, I hope to:

- Preserve Janet's contributions in a readable English form
- Spark renewed interest among scholars, clinicians, and students
- Inspire human translators to produce definitive, academically rigorous editions

# Unconscious Acts and Memory During Somnambulism<sup>1</sup>

Pierre Janet

Unconscious psychological phenomena, long suspected by philosophers, have only recently become the object of experimental and scientific study. The adherents of spiritism had observed them in their mediums, but their systematic theories prevented them from regularly pursuing the study of these facts. It was the work of Chevreul<sup>2</sup> in 1854 that demonstrated the importance of these phenomena, and these investigations were, as is known, continued in the work that Mr. C. Richet recently dedicated to the illustrious centenarian.<sup>3</sup> We ourselves attempted, in two articles published by this *Revue*, to approach the same question in another way through hypnotic experimentation.<sup>4</sup> Since these essays, several important studies have been published on this curious question, which is evidently beginning to arouse interest.<sup>5</sup> However, we believe it will not be useless to study the same problem again in a somewhat more general manner; certain new observations may perhaps confirm and explain those we have already presented.

In our earlier work, we studied unconscious acts in the waking state that followed somnambulism; our description moved from somnambulism induced to the waking state. We would now like, in order to present analogous facts, to follow the reverse approach: to study first the unconscious acts during the waking state itself, whatever the origin of these acts may be, and only afterward to address the description of induced somnambulism. In this way, we will seek in hypnotic sleep not the origins, but the consequences of unconscious acts. This will be, we believe, a new means of demonstrating what we have already indicated: the intimate connection that exists between the unconscious act and somnambulism, and the impossibility of separating these two phenomena from one another—phenomena which mutually explain each other.

## I

It would be too difficult at present to give a clear and general definition of an unconscious act; it is enough, in order to observe and describe them, to stick to

<sup>1</sup> Janet, Pierre. "Les actes inconscients et la mémoire pendant le somnambulisme", *Revue Philosophique*, xxv (1888), I, pp. 238-279.

<sup>2</sup> Chevreul. *De la baguette divinatoire...*, etc., 1854.

<sup>3</sup> Ch. Richet, *Des mouvements inconscients*, dans l'Hommage à Chevreul, 1886.

<sup>4</sup> Janet, Pierre. "Les actes inconscients et le dédoublement de la personnalité pendant le somnambulisme provoqué," *Revue Philosophique*, xxii (1886), II, pp. 577-592 ; Janet, Pierre. "L'anesthésie systématisée et la dissociation des phénomènes psychologiques," *Revue Philosophique*, xxiii (1887), I, pp. 449-472.

<sup>5</sup> F. Myers, *Automatic writing (Proceedings of the Society for psychical research*, 1887, p. 209); Gurney, *Peculiarities of certain post-hypnotic states* (*id.*, 268). Gurney, *Stages of hypnotic memory* (*id.*, 515); Binet et Férey, *Recherches expérimentales sur la physiologie des mouvements chez les hystériques* (*Archiv. de physiologie*, 1st octobre 1887).

this banal notion: by unconscious act, we mean an action that has all the characteristics of a psychological fact, except that it is always unknown to the very person who performs it at the very moment she performs it. We therefore do not consider as an unconscious act an action that a person immediately forgets after doing it, but knew of and described while she was doing it: this act lacks memory, not consciousness. It is probable that these two alterations are related to each other, but we believe it more methodical to consider for now only the extreme degrees, the absolutely unconscious acts, without taking into account the intermediate degrees between these and full consciousness. Acts of this kind can, however, present themselves in two ways: either the individual, at the moment he performs the act, seems to have no kind of awareness of the act or of anything else—he does not speak, does not express anything, and we have no way of knowing whether he felt or knew what he was doing. Things then occur somewhat as they do after an epileptic seizure. Or, on the contrary, the individual retains clear consciousness of all other psychological phenomena, except for a particular act which he performs without knowing it. The individual then speaks with ease, thinks of something else while acting; we can verify this and he himself later confesses that he was entirely unaware of the action his hands were performing. This second form of unconsciousness is perhaps the rarest, but also the most useful; it is the one we will preferably study, because our observations may better correspond with it.

Unconscious acts thus defined, performed during the waking state, without apparent interruption of normal consciousness, can occur under several circumstances. Although there are many analogies between them, we will study separately these four types of unconscious acts:

- (1) Unconscious acts by post-hypnotic suggestion.
- (2) Unconscious acts by anesthesia.
- (3) Unconscious acts by distraction.
- (4) Spontaneous unconscious acts.

#### *(1) Unconscious acts by post-hypnotic suggestion*

When the psychology of hypnotism was first studied, it was initially noticed that the subject unfailingly carried out, in the waking state, the commands received during somnambulism, and no one much concerned themselves with how the subject executed them—that was natural. Later, observers who examined this crucial question observed only a small number of subjects, and through hasty generalization claimed that all suggestions were carried out in the same manner. Some asserted that once the subject is awakened and in an apparently normal state, he carries out the imposed act with full awareness and volition; they even took certain remarks from the subject as signs of free will. It is true that certain subjects act this way: I once studied a young girl, Élise G., who, once awakened, remembered nothing of her somnambulism, except for the suggestion. If I had, for example, commanded her to walk around the room upon waking, she would stand up as soon as she woke and say: “I know well what you just told me... you told me to walk around the room.” It should be noted that she had forgotten everything

I told her during somnambulism, except that; she would even continue joking and say: "You really have odd ideas... it's so boring... well, since you insist..." And off she would go, walking around the room, but at each step she would repeat: "You know, if I didn't want to walk around the room, I'd be back in my chair... It's only because you want it." Mr. Beaunis already noted that even in such cases there are almost always memory disorders; I would add that there are also disorders of judgment, meaning that consciousness is not as complete as it seems. But the manner of executing the suggestion is not always so clear. In our study we have observed many others. Other observers have also noted that certain subjects are somewhat odd in their behavior when they carry out fixed suggestions: the gait is slow, rigid, without spontaneity; the face is frozen, the voice stiff, the words spoken with a mechanical air. It is from such facts that one generalizes too quickly, stating that subjects awakened from somnambulism always execute the commands given during hypnosis in the same way. This remark still contains some truth: it is sometimes necessary to wake B. after the execution of a suggestion as after a session of somnambulism.<sup>6</sup> But this fact is not consistent, even with her. There exists, finally, a third way of carrying out the suggestion, which we have already noted and on which we would like to insist. Thus, as we showed in a previous work, the subject named L. retains no memory of the suggestion upon waking; he seems to be—and remains—in an absolutely normal state; however, his body, his arms act without his awareness, and while he is speaking, he performs the act that was commanded. This act is carried out with intelligence, even though it requires mental operations, rather complex calculations in order to be executed correctly. Not only does L. not remember the act performed, but he is unaware of it and denies performing it if asked at the moment he is doing it. What is constant with L. is also frequent with B. and with N.,<sup>7</sup> with individual differences, as somnambulists have their own originality even in the manner in which they carry out a suggestion. B. resembles more the type I described as the second—she tends to fall completely asleep during the execution of a suggestion. N. would more closely resemble the first type of G., she

---

<sup>6</sup> I designate as B. this person (Madame. B.), now forty-five years old, in whom I had observed these unusual phenomena of sleepwalking and mental suggestion five years ago. Since I am speaking of her again here, I must take this opportunity to correct an error that is perhaps explicable, but which is nonetheless important. When I examined this subject for the first time with Dr. Gibert, I wrote that B. was a perfectly healthy woman, at least without any known illness other than magnetic somnambulism. That is absolutely incorrect, and we did not know her earlier medical history well enough at the time. B. belongs to a family that includes both epileptics and, probably, the mentally ill. From early childhood, she suffered from the most severe accidents of hysteria. But she fell into the hands of the most devoted physicians, who, while compromising themselves, treated animal magnetism as something serious. These physicians worked on her as they would on a thing then seen as absurd but now almost commonplace. They modified all the symptoms of hysteria and transformed them into a remarkable magnetic somnambulism. This somnambulism persisted until the time we came to know the subject. But in recent years, at the time of menopause, all the accidents of her illness reappeared. I observed in her what did not exist previously: violent crises, contractures, anesthesia of the left side, and especially nervous asthma. All these symptoms leave no doubt about the nature of the subject and require this correction. Moreover, all the subjects of whom I will speak in this article (which is above all a study of pathological psychology) are sick people, almost always women affected by more or less severe hysteria; it seems preferable to us to indicate the essential characteristics of each as we go, and we will note here some observations taken from her.

<sup>7</sup> N. is a thirty-year-old woman. Fairly infrequent seizures of mild hysteria. Almost complete anesthesia of the left side.

sometimes executes an order with full conscious awareness, and it is true with subsequent memory loss. But we consider that in these two subjects the acts carried out belong to the third manner: complete unconsciousness during the act and persistence of normal consciousness above the ignored act.

During somnambulism, I commanded B. to remove her apron upon waking and to put it back on. Once awake, B. met me at the door and asked me at what time I would return the next day. While she was speaking, her hands slowly undid the knot of her apron and removed it completely. With a gesture, I drew B.'s attention to her apron: "Look," she said, "my apron is falling off"; and suddenly, this time with full consciousness, she grabbed it and tied it back on, then began speaking of something else. But behold—her hands began the operation again, untied the cords, and completely removed the apron. Since this time B. wasn't looking, her hands, after removing the apron, picked it up again and properly put it back on. The suggestion, it seems, had not been fully carried out the first time, since B. had put the apron back on herself, and the hands wanted to repeat the operation to carry it out to the end. This time, moreover, the act was complete; there was no further reaction: the subject had not the slightest awareness of any of it. N., being in a somnambulistic state, I told her that she would raise both arms when the sum of the numbers I would pronounce equaled ten. I waited to be sure that she was fully awake and occupied with something else, then began: 3. 2. 1. 2. 2. Both arms rose after the last number, without her noticing: here we have not just an unconscious act, but a real calculation that was done unconsciously. I have already described this experiment; if I reproduce it here, it is because it still seems to me to be of great importance: it was good to show that the same thing happens in the same way with a different subject. Moreover, I obtained the same with N. and in a single session of automatic writing. "If I speak to you," I told her while she was asleep, "you will not respond verbally. You will respond in writing." She then woke up and spoke with several other people: "What age are you?" I asked her while standing just behind her.

Her hand, taking a pencil, wrote: "30 years."

"Do you have children?"

Her hand wrote: "Yes, two boys and a daughter."

"Multiply 749 by 42." Her hand began the operation, while the person she seemed to be talking to said suddenly:

"But what are you writing?"

"I'm not writing anything," she replied, quite surprised. Then she looked at the paper, saw the numbers, and exclaimed: "Who wrote this?"

She repeated the multiplication several times; I performed many experiments of this kind on this subject and could publish all the results (which I will do later).

These unconscious acts thus obtained have a general character, evident and even necessary: they are accompanied by, if not constituted by, a *systematized anesthesia*. I told B. to make a mocking gesture at me (thumb-to-nose); upon waking she raised her hands and placed them at the tip of her nose without knowing it: it was an unconscious act, either because she did not see her hands, which were right in front of her eyes, or because she was unaware of what she

was doing. I told N. to raise her right arm; she did so while awake, but she did not feel her arm in the air, although she had not normally lost any muscular sense in her right arm. I count numbers, I clap behind their ears, and they do not hear them: yet they are not deaf. It is a special anesthesia that always accompanies the unconscious act; there is thus nothing surprising in the fact that, when studying negative hallucination or systematized anesthesia, I found that it was constituted by an unconscious sensation, a kind of unconscious act. These things were truly inseparable. When one of these two phenomena diminished or even disappeared, the other also disappeared. When L. was nearly cured of her hysterical state, the unconscious acts disappeared, but the systematized anesthesia diminished as well. I could no longer clap my hands or pronounce numbers without L. hearing me; she would turn around and ask what I was doing. It was only the name Adrienne that had triggered the automatic writing, which remained unconscious to the end. I could speak to her right in front of her, she saw my lips move, but she did not hear what I was saying. When L. finally heard the name Adrienne, everything disappeared and she could no longer be put to sleep.

Besides this general character, unconscious acts also present more specific traits, but ones that are equally interesting. Most often this act is momentary—the arms rise for an instant, then fall back down of their own accord; a gesture is made, a word is written, then everything returns to order. But sometimes the unconscious act gives the limbs a lasting attitude and produces what I shall call a *systematized contracture*. The contracture of a limb can indeed be quite general when all the muscles are contracted at a high degree; the limb then takes on an invariable shape determined by the position and relative force of the various muscles. This form has often been described in relation to tetanus attacks or certain epileptic seizures. The contracture may be more specific, when only a single muscle is contracted, or when a single nerve is excited and causes contracture only in the muscles it innervates, and in those alone. It is in this latter case that we must place the so-called ulnar, median, and radial claw-like contractures that have often been described. But there are contractures I propose to call systematized, which do not fall into either of these two categories. A certain number of muscles innervated by different nerves are contracted, but to varying degrees, in such a way that the limb assumes a rigid but expressive form, recalling a certain act or a particular position. I told N. during somnambulism to perform her prayer once she was awake. She carried out the suggestion in a peculiar way. Awake, her expression was normal, her speech free, she brought her two hands together as in prayer, but she did not pray with her mind, because her conscious mind was unaware of the act and she spoke of something else. But as the experience lasted long enough, a person present wanted to take her hands to release them from their strange position. She could not succeed; the muscles of the arms and hands were entirely contracted. I could no longer relax them or change the position of the hands; since the subject was now becoming aware of the contracture and beginning to grow frightened, it was necessary to put her back to sleep, and the contracture easily disappeared. B. presented also, but only once, a similar phenomenon. I had suggested to her to take a flower from a bouquet upon waking; she did so unconsciously, but after a moment she threw the flower

from her hand with a cry. Her hand was fully contracted, in an elegant, uncomfortable position, the thumb and index finger close together and holding the rose, the other fingers slightly curved, also rigid. What nerve or excitation could have produced this contracture? This intelligent systematization of the contracture can only be explained by an idea, and it is this idea that makes up the true contracture of psychic origin that we may have just caught in its mechanism. Is this not the continuation of an unconscious act that prolongs itself beyond measure? It is true that on this subject, in whom it is easy to reach the unconscious—either through somnambulism or by methods we will indicate later—it is enough to suggest the idea of continuing this act to even cure the contracture.

It would be interesting to investigate whether this same kind of contracture does not also occur naturally with the same characteristics; it is difficult to verify—cases of naturally systematized contractures are rare and do not easily lend themselves to study. Here, however, are some indications. A thirty-year-old woman, evidently hysterical, had an argument with her husband and raised her fist to strike him: as if by celestial punishment, her right arm remained contracted in the position of a striking fist. She came after three days to seek help, for the contracture had not subsided; Dr. Gibert kindly agreed to let me examine her. She did not want to be put to sleep and trembled at the mere thought of it; I took advantage of her emotion to make a suggestion in the waking state. At my simple command, repeated several times and without her even realizing it, the contracture moved from the right arm to the left, then returned to the right arm and completely disappeared. Another analogous example: a nineteen-year-old young man, Lem., suffering from hystero-epilepsy and anesthesia of nearly the whole body, received a rather violent shock to the lower chest. He suffered no actual injury, but he collapsed under the shock and remained completely bent forward in the most painful posture. Dr. Pillet, chief physician at the hospital, kindly allowed me to examine him. All the anterior muscles of the chest and abdomen were contracted; he could not be straightened and had remained in this painful position for a month. He was hypnotized in an instant by a light pressure on the eyes, and a few words were enough for me to completely straighten him. No doubt the violent muscular extension from the shock could be considered a sufficient cause of the contracture, but I wonder why the contracture extended to the muscles to such a strictly sufficient degree as to preserve in the limbs their expressive position, how so many muscles and nerves could combine their action in a permanent way without any unity or direction, which would explain this systematization, and finally, why such contractures are easily eliminated by a purely moral action if there is nothing moral in them. Would it not be appropriate to relate these phenomena to the persistent unconscious acts we observed in N. and in B.? We must admit that these observations are still not sufficient to confirm this hypothesis.

Unconscious acts by post-hypnotic suggestion can finally present themselves in a third form. Wishing to repeat one of the previous experiments, I again command N. to perform a prayer upon waking. The hands draw together unconsciously, but they do not stiffen as they did earlier. N., as soon as she wants

to make a voluntary movement, removes them from their position and moves them very easily. Nothing seems to remain of the suggestion. At this point, she is asked to put her hands in a praying position: she refuses at first, finding the request ridiculous; finally, she tries jokingly, but instead of extending her hands, she clenches her fists. "Look," she says with irritation, "I can no longer put my hands in a prayer position. Ah! How stupid." And she crosses her fingers. "No," we say to her, "hands joined like the statues in churches." "I know what you mean," she says, interrupting, "but I don't know how to do it." This language naturally recalls that of the aphasic who has lost the ability to write; but in the aphasic, the faculty is destroyed, whereas in the hysterick it is only dissociated. Indeed, N. no longer wants to engage with the prayer and speaks of something else, but while she talks, her hands raise themselves without her knowledge and come together one against the other: N. only knew how to pray unconsciously. Another day, I suggest to the same subject to make knots upon waking with a string I gave her. Upon waking, her hands rapidly made knots, without N. suspecting a thing. We address her and ask her to make knots with another string we give her; she agrees jokingly. But then her frustration returns, for she becomes remarkably confused, makes loops and circles with the string and never manages to tie a knot. She gives up and no longer concerns herself with it; her hands take the string on her knees and unconsciously make perfectly correct knots. N. was asleep, I command her to write on a piece of paper the even numbers, then I wake her. The hand automatically writes 2... 4... 6... etc.; I gently stop her and ask N. herself to write the series of odd numbers without specifying them; she writes consciously 1, 3, 5, 7; I insist that she write the number two. "Yes," she says, and she writes II in Roman numerals. These experiments are quite close to the ones I previously mentioned.<sup>8</sup> When Adrienne knew how to write, L. could no longer trace letters. I had not distinguished then between this phenomenon and that of systematized anesthesia, which it indeed closely resembles. It has already been described under the name of systematized paralysis, which characterizes it well, and it should be related, like the previous ones, to the dissociation of psychological phenomena.

All these different forms of unconscious acts—momentary unconscious act, systematized contracture, systematized anesthesia or paralysis—substitute for one another with the greatest ease. The conditions of these phenomena are so complex that it is impossible for us to explain at present, through experiments, why a suggestion is carried out in one way at one time, and in another way at another. We can only better analyze the unconscious act in general by investigating whether it can be obtained by other methods.

## II

### *(2) Unconscious acts by anesthesia*

---

<sup>8</sup> *Revue Philosophique*, May 1887, p. 465. I also noted in that passage the difficulties of this experiment, which is much more delicate than the others.

The unconscious act is always accompanied by an anesthesia; we have just seen that at least partial anesthesia is produced when an unconscious act is produced. But when the anesthesia already exists due to the subject's illness, must the unconscious act not also exist? This is indeed what happens in a certain number of subjects. Let us consider a person with an anesthetized limb and without hypnosis or prior suggestion, simply taking the precaution of closing the subject's eyes or better yet placing a screen in front of them<sup>9</sup>; let us lift that limb and let it fall back into the air. Very frequently, the anesthetized arm remains immobile in the position where we just placed it. This phenomenon, already noted by Lasègue, was the subject of a detailed study by M.M. Binet and Féré<sup>10</sup>. They observed a number of details related to this fact, of which the following are the main ones. The anesthetized arm remains suspended in the air without the subject's awareness for a long time, sometimes for more than an hour. This is probably due to the absence of the feeling of fatigue that would cause us to lower the arm long before true muscular exhaustion occurred. If a movement is communicated to this arm, one sees it continue the movement for some time. This repetition shows that the movement imparted by the operator has become the object of a physiological registration which closely resembles a perception and an unconscious memory; by the same method one obtains the repetition of certain movements necessary for writing; in some cases even the anesthetized hand continues the sentence it began to write. This is a new and curious way to obtain automatic writing. The studies of M.M. Binet and Féré on these phenomena are too complete to require further development; we wish only to recall their most important conclusions.

The hand that performs these movements without the subject being able to see it is anesthetic—that is to say, when questioned, the subject does not know that her hand has been pricked, that it is touching an object, or that it is moving, and yet this hand behaves, without the subject's knowledge, as if it were perfectly sensitive. If a weight is placed on the anesthetized arm while it remains raised in the air, the muscles unconsciously adapt, as has been observed, to this new load, and the arm supports the weight without bending. That is how Lem... does it, but B... does better. Her hand grasps the weight and holds it so that it does not fall. If a pencil is placed in the anesthetized hand, the fingers curl and place themselves, without the subject's awareness, into the proper position for writing. But I would add that the same happens with all objects. I place a pair of scissors in B.'s left hand (the left side is completely anesthetic) and hide that hand from her view. B., whom I interrupt, has no idea that anything has been placed in her left hand, and yet the fingers of the left hand have entered on their own into the rings of the scissors, which open and close alternately. I likewise place a lorgnette in B.'s left hand; this hand lifts the lorgnette and raises it toward her eyes; but halfway there, upon entering B.'s visual field, she sees it and is startled: "Why, that's the lorgnette I had in my left hand." Do these facts not confirm what I had already said in a previous piece of work on experiments done with L.? "Out of curiosity,"

---

<sup>9</sup> We prefer this second method: one is never certain of the state in which a hysterical subject finds herself once her eyes have been touched. A. and Lem. fall asleep immediately this way, which we now wish to avoid.

<sup>10</sup> *Archives de Physiologie*, October 1<sup>st</sup> 1887.

I measured with the aesthesiometer the tactile sensitivity of Adrienne (the unconscious) and, while L. was incapable even of sensing a sharp burning pain suddenly, Adrienne perceived very well the distance between the two points of the aesthesiometer, as a normal person would. Hysterical anesthesia is not true anesthesia; it is not the destruction of sensation, it is a simple dissociation of psychological phenomena, such that any sensation or idea removed from normal consciousness still persists and can be retrieved as part of another consciousness.<sup>11</sup> We are pleased that M.M. Binet and Fétré have verified this hypothesis.

Another remark we would like to make regarding these unconscious acts obtained thanks to the subject's anesthesia is the following. The cataleptic immobility of the anesthetized limb during the waking state is not, as has often been said, obtained in all subjects, even when they are anesthetized. In our view, we must also add one more point: it is also not obtained by all operators. Let me explain: if, while B. is awake, I raise her left arm without her seeing it, this arm remains in the air for quite a long time. But one day I ask another person, M. X., to repeat this experiment in my absence and under the same conditions. Well, when the left arm is raised by X., it does not remain even for an instant—it falls heavily. B. did not feel it any more than before, but her arm obeyed when I placed it in the air and did not obey when X. raised it. Another example: I myself raise the anesthetized arm into the air; it remains motionless, but it is very light and at the slightest touch I can move it in all directions. M. X., with whom the experiment was agreed upon (without B.'s knowledge, of course), now tries to move this arm I had raised—but, curiously, it resists all his efforts. If X. presses too hard, the arm bends a little, but as soon as it is free it returns as if by elasticity to the initial position; if I touch the arm again, it suddenly becomes light and responds to every impulse. I repeated this experiment with several people; it always gave the same result<sup>12</sup>. In short, *electivity* is manifested in unconscious acts by anesthesia during the waking state, just as it manifests in somnambulism. This is a fact we must keep in mind when we compare these acts with those that occur during hypnotic sleep.

### III

#### *(3) Unconscious acts by distraction*

Anesthesia was the essential condition of the preceding phenomena—that is to say, the subject had to be unaware of the movement imparted to their arm. But for a person not to notice something, it is not necessary that they be insensible; a simple moment of distraction suffices, and besides, isn't this hysterical anesthesia itself like a perpetual distraction of the subject with regard to certain phenomena? Thus it is likely that one could obtain the effects of anesthesia if one succeeds in distracting the subject's attention.

---

<sup>11</sup> *Revue Philosophique*, May 1887, p. 462

<sup>12</sup> Certain people who have a bit of influence must be excepted; I cannot dwell here on the details of this phenomenon of electivity.

B. being fully awake, I let her converse with another person, and while she was entirely absorbed in the conversation and not paying attention to me, I gently lifted her right arm, which is not anesthetized; the arm remains in the air, continues the initiated movement, etc., and behaves exactly as her left arm did earlier. There is a difference, however, between the unconscious movements of the right arm and those of the left: the movements of the right occur even when B. is alerted and paying attention to me, provided the arm is hidden behind a screen—for the anesthesia of the left arm renders distraction unnecessary, or rather, is itself a kind of distraction—whereas the unconscious movements of the right arm do not occur unless B.'s attention is fully diverted to another object. If she stops talking, she notices what is happening with her right arm and immediately stops it. Without doubt, theoretically, unconscious movement could be more easily simulated by the sensitive right arm than by the insensitive left arm, but let us not linger on this overly general and vague objection, which would cast doubt on every kind of psychological experimentation. It is up to the observer to take proper precautions and to test the good faith of the subject through a multitude of preliminary experiments. The best proof of the reality of these facts seems to us to lie in their complexity, in the connection the experiments have with one another: most often the subject does not understand what is being done and would simulate everything incorrectly.

If the previous distraction produced a momentary anesthesia of tactile and muscular sensation in the right arm, it could also produce other anesthesias affecting the other senses. Here is, first, a visual anesthesia obtained by this method. When B.'s eyes are open and I do not use a screen, there are no unconscious acts—the movement I initiate stops immediately. But as soon as someone speaks to her, the left arm rises by itself and resumes, even in front of her eyes, the position I wanted to give it. It had registered the command without being able to execute it; at the first opportunity—that is, at B.'s first moment of distraction—it hastens to resume its position.

The same distraction will produce systematic anesthesias of hearing, which will enormously increase the number and complexity of unconscious acts. B. does not exhibit, as some other subjects do, a true suggestibility in the waking state; if I address her directly and give her a command to move, she is surprised, argues, and does not obey. But when she is speaking with other people, I can manage to speak behind her without her turning around. She no longer hears me, and it is then that she properly carries out the commands—but she carries them out without knowing it. I tell her, for example, to take off her gloves, and her hands do it very gently; I make her walk, I make her put on and take off her gloves, I make her place her hands in a prayer position, etc. Let us note two interesting things in the last experiment: first, the visual anesthesia that accompanies the auditory anesthesia, since she does not see her hands joined in front of her face; and second, what is, I believe, very rare—an expression of religious ecstasy that overtakes her face for a moment, while her mouth continues the conversation she had begun. It is hardly necessary to add that these experiments can produce contractures or systematized paralyses, as we have previously indicated.

The same experiments succeed in the same way with other subjects; I only point out the interesting particularities. Suggestion by distraction had great power over L.; it could even override her conscious will. While L. was fully awake, Dr. Powilewicz asked her to sing something; she categorically refused. I murmured behind her: "Come on, sing something." She stopped her conversation and sang an air from *Mignon*, then resumed her sentence, convinced she had not sung and that she did not want to sing in front of us. Let us also note that this kind of suggestion exists in L. only when she is ill. N. presents this phenomenon to a remarkable degree; but she is very selective, even in this kind of suggestion. If someone else speaks to her from behind while she is distracted, she does not obey. M.<sup>13</sup> obeys less under suggestion by distraction; she only performs simple arm movements, but in her case there is very strong auditory anesthesia. While she is speaking to my brother, I can give loud commands from behind her and even shout without her hearing; yet her hearing remains normal for the person who holds her attention.

But it is even more interesting to present these same facts in a subject of an entirely different kind. The preceding subjects were women with hysteria, awake to be sure, but previously hypnotized. This time it concerns a man, P., forty years old, for whom we have no reason to suspect hysteria and who had never been hypnotized. P. was brought to the hospital ward of Dr. Powilewicz for an episode of alcoholic delirium. The doctor, noticing in him a great aptitude for the suggestions we were studying together, kindly asked me to come. When I came to observe the patient, he was already in full convalescence; he stood, spoke sensibly, and hardly raved anymore except at night. While the doctor was speaking to him and having him explain certain details of his profession, I stood behind him and commanded him to raise his arm. The first time, I had to touch his arm to provoke the act; unconscious obedience then occurred easily. I made him walk, sit down, kneel—all without his knowing it; I even made him lie down flat on his stomach and he immediately collapsed, but his head still lifted to continue responding to the doctor's questions. The doctor said to him: "How are you sitting up so straight while I'm talking to you?"

"But," he said, "I'm lying on my bed, I haven't moved."

"Don't you see how small you've become?"

"Oh, I've always been smaller than you, but I'm not any smaller than usual."

I could not believe that a man in his right mind, if he wasn't raving, could possibly think he was standing up when he was lying face down on the floor. In reality, there was a kind of hallucination combining with the systematized anesthesia to produce this peculiar act. I made him get up, told him to write his name, and even suggested a multiplication problem to solve in writing. His hand wrote the numbers and began the task without his awareness, but he made a mistake. Suddenly, P. stopped, put his hands to his head, and said: "Oh, I don't know what's wrong with me... I have a terrible headache." I stopped the experiments and the migraine disappeared. The next day, when I wanted to

---

<sup>13</sup> A young hysterical woman, whom I studied at La Pitié with my brother, a resident at the hospital. She exhibited, in addition to seizures and an almost total anesthesia, a very curious phenomenon of hysterical dysphagia: she could only eat while in somnambulism.

resume the study, the patient's disposition toward unconscious acts had greatly diminished. The illusions lasted only a moment; two days later, everything had disappeared. The alcoholic delirium had ended, and with it, the dissociation. Isn't it curious that alcoholism places a man, for a few days, in a psychological state absolutely identical to that of a hysteric, and that there is a moral analogy between these two degenerative states? Without insisting on this comparison, let us consider the experiments conducted with P. as a good example of unconscious acts by distraction, since this patient had not been hypnotized either before or after the experiments, and the suggestibility arose solely from the fact of dissociation.

## IV

### *(4) Spontaneous unconscious acts*

The unconscious acts previously studied had always been the result of a suggestion made either during somnambulism or during the waking state itself. I did not believe that the unconscious personality—if it even deserved that name—could accomplish spontaneous actions and claim, as we do, the dignity of free will. An incident from my somnambulic studies proved me wrong. B., who was entirely illiterate when I first began to study her, had since learned to read and write passably. During one of her last stays in Le Havre, I had taken advantage of her new skills to make her write a few words or a few unconscious lines during wakefulness, but I had sent her away without suggesting anything further. She had left Le Havre more than two months earlier when I received from her a most peculiar letter. On the first page was a short note of a serious and proper tone: "She was unwell," she said, "more sick one day than the next, etc." and it was signed with her real name, Madame B. But on the back began another letter in a completely different style, which I will allow myself to reproduce here out of curiosity: "My dear sir, I am writing to tell you that B. is really, truly suffering a lot; she cannot sleep, she has vomited a great deal of blood, she is in great pain; I am going to waste away, she annoys me, I am sick too and very tired, this is from your devoted Léontine." When B. returned to Le Havre and I naturally questioned her about this strange letter, she retained a very clear memory of the *first* letter: she could even recall the content, the fact that she sealed it in the envelope, and even details of the address that she had written with difficulty; but she had no memory at all of the *second* letter. I had expected as much: the familiarity of the tone, the freedom of style, the expressions used, and especially the signature did not belong to B. in her waking state. All of that, on the contrary, belonged to the unconscious personality that had already manifested to me through other acts. At first I thought there had been a spontaneous attack of somnambulism between the moment she finished the first letter and the moment she sealed the envelope. The unconscious personality, who knew the interest I took in B. and how I often relieved her nervous episodes, had appeared for an instant to call me for help. The fact was already strange, but since then, such unconscious and spontaneous letters have multiplied, and I have studied their production. Fortunately, I managed to

catch B. one time just as she was performing this singular operation. She was seated near a table, holding a piece of knitting in her left hand—the knitting she had been working on. Her face was calm, her eyes looked off into space with a somewhat fixed expression, but she was not cataleptic; she was half-singing a tune, like someone working in the countryside; her right hand was writing slowly and somewhat secretly. I tried to remove her paper without her noticing and spoke to her; she turned around suddenly, with no surprise, because in her distracted state she had not heard me approach. “She was saying,” she told me, “that she had spent the whole day knitting and chatting, for that is what she believed she had done.” She had no knowledge of the paper she had written on. Everything was exactly as we previously described for unconscious acts by distraction, with the only difference being that nothing had been suggested to her.

This form of unconsciousness is not as easy to study as the others, being spontaneous it cannot be subjected to regular experimentation. Here are a few observations that chance alone allowed me to make. First, the unconscious that writes these letters—let us call it that until further notice—is intelligent, it shows, in what it writes, much memory: one letter contains the account of B.'s own childhood; it shows good sense in ordinarily sound remarks. Here is even an example of unconscious perceptiveness, as Mr. Richet used to say. One day the unconscious realized that the conscious personality would tear up the papers it had written, when they were left within reach after distraction ended. What to do to preserve them? Taking advantage of a longer distraction of B., it resumed the letter, then went to place it in a photo album. This album, in fact, formerly contained a photograph of Mr. Gibert, which by association of ideas had the property of putting B. into catalepsy. I used to take the precaution of removing this photo when B. was in the house. But the album still held, for B., a kind of terrifying influence. The unconscious was therefore sure that letters placed in the album would not be torn up by B. This whole reasoning did not take place in somnambulism—I repeat—it was done while awake and unconsciously. B., distracted, was singing or dreaming vague thoughts while her limbs, obeying a will or some foreign intention, acted with precautions against her very self. The unconscious thus took advantage of all her distractions. It walked alone on the deserted quays and, lost in thought, gave in to its reveries; it was all the more surprised when it suddenly *paid attention* to its path and found itself in some remote spot in the city. The unconscious had some spiritual desire to bring her back to my doorstep. It warned—in a letter—that she could return to Le Havre, where she would once again find meaning in our conversations. The unconscious, in a hurry to arrive, had made her leave without even bringing her luggage.

Finally, these spontaneous unconscious acts seem to me to have the same characteristics as the provoked acts: they bring into normal consciousness a particular void—a systematized anesthesia. Since B. had often come to my place, I believed she knew my address well; I was quite surprised, while chatting with her one day during the waking state, to see that she was completely unaware of it—more than that, she didn't know the neighborhood at all, although she went there quite often: the unconscious, having taken all this knowledge for itself, had kept the conscious from being able to possess it.

One must know a person's life very intimately to catch such acts; I am inclined to believe that in the life of a hysterical person, there are constantly a great number of them. Their actions are never carried out in full consciousness; they live as if in a perpetual dream in which most acts escape them. But one cannot always distinguish these constituent elements whose combination is the result. In only certain individuals do these spontaneous unconscious acts occur regularly enough to lend themselves to study. I want to speak here of mediums in spiritualist séances. It would be possible to carry out a very useful psychological study on the most interesting of them, although it would be quite difficult. A young Englishwoman, Miss S., whose very interesting story was published in England<sup>14</sup>, possessed a peculiar fortune of five or six familiar spirits: Johnson, Eudora, Moster, etc. I was very eager to witness their feats, and Miss S., who was then in Le Havre, kindly agreed to submit to some observations. Unfortunately, the spirits were in a bad mood that day and the famous *planchette*, on which the medium rested her hand, wrote only meaningless words: "Johnson must go... Eudora is writing," and above all these perpetually repeated phrases: "most of things, most-of men..." Miss S. attributed these failures to the absence of her brother, who usually questioned the spirits. This explanation seemed quite plausible to me: I could not make the spirits hear me or give them commands, just as a stranger could not suggest by distraction to B. or L. Is it not curious to notice this same character of *electivity* even in the spirits of a natural medium? This characteristic of electivity, which is so proper to somnambulism, we have found in all unconscious phenomena: is it not an indication of their true nature? Do we not have the right to now guide our research in this direction, to verify whether we should definitively grant them the name by which Mr. Richet already designated them: the phenomena of hemi-somnambulism?

## V

Some authors have hesitated to pursue the study of unconscious acts during provoked somnambulism, fearing during hypnotic sleep the danger of involuntary and clumsy suggestions. This danger is very real and must always be kept in mind by the psychologist; but so far, fortunately in our view, it has not prevented studies on hypnotism, and this is no different from the others. Moreover, in our opinion at least, the experimenter must not designate some moments when clumsy suggestion is dangerous and others when it is not; he must always be cautious. Hysterics are almost as suggestible in the waking state as in somnambulism, and if studies on unconsciousness have been carried this far, there is no serious reason to leave them incomplete. The experimental method recommends pushing experiments to the limit: *producere experimentum*. We have seen the effects of distraction; should we not also examine the effects of sleep, which is the most powerful of distractions?

Moreover, when studying unconscious acts, hypnotic sleep cannot always be avoided; it sometimes imposes itself. I had already noticed that two subjects, L.

---

<sup>14</sup> *Proceedings of the S. P. R.*, 1887, p. 216.

and B., would frequently fall asleep in the middle of experiments on unconscious acts in the waking state, despite me. But I had attributed this sleep to my mere presence and to their habitual tendency toward somnambulism. The following event made me realize my error.

Mr. Binet kindly agreed to show me some subjects on whom he was studying unconscious acts through anesthesia, and I had asked for permission to reproduce on one of them the suggestion by distraction. Things unfolded just as I expected: the subject (Hab.), fully awake, was chatting with Mr. Binet; positioned behind her, I made her unconsciously respond with her hand, write a few words, answer my questions by signs, etc. Suddenly Hab. stopped speaking to Mr. Binet and, turning toward me, resumed the conversation she had begun with me—not with speech, but with unconscious signs. Moreover, she no longer spoke at all to Mr. Binet and did not hear him: in a word, she had entered into elective somnambulism. The subject had to be awakened, and naturally remembered nothing upon waking. Now Hab. did not know me at all and in no way could my presence have put her to sleep; the sleep was clearly the result of the development of unconscious phenomena that had just occurred, since consciousness had just failed. This was further confirmed. B. remains awake near me as long as I do not provoke unconscious phenomena; when those are too numerous or too complex, she falls asleep. This also explains a detail in the execution of posthypnotic suggestions: when they are simple, the subject executes them unconsciously while speaking of something else; but when they are long and complex, the subject speaks less and less consciously, eventually falls asleep, and executes them quickly in full somnambulism.

This hypnotic sleep provoked by unconscious actions is also found in the experiences of spiritism: the medium often falls asleep in the middle of the séance. Let me recount here a story whose full accuracy I cannot guarantee, since I was not present, but which was told to me by the witnesses themselves and in such detail that it seems likely to be true. A gathering of spiritists, as still exists more often than one might think, was in great joy because the spirit that usually refused to respond was now nothing less than the soul of Napoleon. The medium's hand, which served as an intermediary, was indeed writing messages that were more or less interesting, signed with the name "Bonaparte." Suddenly, the medium, who had been speaking freely while her hand wrote, stopped abruptly: her face grew pale, her eyes fixed, she sat up straight, crossed her hands on her chest, took on a haughty and meditative expression, and walked around the room with the posture traditionally attributed to the Emperor. No one could get her to speak, but the medium soon collapsed on herself and fell into a deep sleep, from which they could not awaken her. She only emerged from sleep an hour later, complaining of a great headache and having completely forgotten everything that had happened. The spiritists explained the incident in their own way; as for me, here is the opinion that seems most plausible to me: this medium was obviously predisposed—first by the influence of suggestions made involuntarily all around her, by unconscious thoughts related to Napoleon. This idea invaded her and destroyed her normal consciousness, and, in the cataleptic or somnambulic state that followed, she imitated the hallucination of the emperor's

persona. Her gestures and physiognomy adapted to the dominant idea so well that one could see it across all the somnambulic stages. But we should not insist too much on this case, as we are only trying to bring together facts we have seen ourselves, not those we have only heard of, and to gather facts directly relevant to the study of unconscious acts in the waking or somnambulic state.

What, then, is somnambulism, and what is its principal characteristic? Much emphasis has been placed on the physical signs of somnambulism that precede suggestion. Without a doubt, these signs are very interesting to study when they occur, but they are rare. Of all the somnambulists I have mentioned, B. is the only one who regularly presents them. Since somnambulism is above all a psychological phenomenon, people have tried to define it by the presence of suggestion. This fact is very important, but it is not unique to somnambulism: all its degrees can be found in the waking state as well as in somnambulism.

We must return to the principal characteristic given by the early magnetists. “When one has had the opportunity to observe them, one remains convinced that there are two truly distinct lives, or at least two ways of being, in the life of somnambulists.”<sup>15</sup> Somnambulism is indeed not a sleep opposed to wakefulness; it is another state of wakefulness that stands in contrast to the ordinary waking state. It is a particular grouping, a certain systematization of psychological phenomena that is identical to the one that forms the ordinary character and personality of the individual.

I would be inclined to say, with Deleuze, that the forgetting of everything that happened during somnambulism, when the individual awakens, is indeed the principal psychological characteristic of somnambulism. “When he returns to his natural state, he loses the memory of all the sensations, of all the ideas he had in the state of somnambulism; so much so that these two states are as foreign to each other as if the somnambulist and the waking man were two different beings... This characteristic alone is constant and essentially distinguishes somnambulism.”<sup>16</sup> Let us simply add that there are degrees in all psychological phenomena, that there are light somnambulisms and partial forgettings, just as there are semi-unconscious states; but now setting aside these intermediate states, we can say with these authors that somnambulism is a new psychological existence.

This new synthesis of conscious phenomena can present all degrees and all forms; it would be very interesting to show—if this study did not risk taking us too far from our subject—that in the somnambulistic life of different people, one finds different characters and different intelligences just as in the normal life of various people. We can only make a few general remarks, which will be useful for explaining the unconscious phenomena of our different subjects. In general, the somnambulistic life of a person is more rudimentary than their normal life; this explains why suggestibility is usually greater during somnambulism than during waking. However, in different people, one can find all degrees of development of somnambulistic life. R., an epileptic boy whom I could easily put to sleep, presents an insignificant somnambulistic life. At that time, he had a bit of hearing, but that was all; he did not understand, and therefore, he did not obey suggestions

<sup>15</sup> Pigeaire, *Puissance de l'électricité animale*, 1839, p. 44.

<sup>16</sup> Deleuze, *Histoire critique*, 1819, t. I, p. 187.

and did not speak: his somnambulistic education would be more difficult than that of the famous Laura Bridgman. It is useless to undertake it—there is nothing to do but wake him up and restore his first life, which, although not remarkable, is still superior to the second. A.,<sup>17</sup> a hysterical woman whom I have not yet mentioned, is a little more advanced—she hears, knows how to say a few words, but does not understand much. Lem. is afflicted during somnambulism with a deplorable infirmity: he has no memory, forgets in the next moment what I just said to him the moment before; he can carry out suggestions at the very moment they are made, but cannot carry them out later, for he has always forgotten them. His education would be quite difficult. N., on the contrary, possesses during somnambulism an astonishing memory; she remembers the smallest details of previous somnambulisms, even several months apart; and so she begins to have a true somnambulistic personality, which distinguishes itself from the waking person. Spontaneously, she refuses to be confused with her. “Who are you then?” I asked her. — “I don’t know... I think I’m the sick one.” Not pressing further on this curious and perhaps not absurd answer, I asked what name we should call her, and she wanted to be called “Nichette.” This little name should not make us smile; no detail is insignificant in these delicate phenomena: it was the little name by which this person was called in early childhood, and she took it up again in somnambulism. This fact is not rare: Dr. Gibert told me of a thirty-year-old woman who, upon being put to sleep for the first time, spoke of herself under the name of “little Lili,” which had been her childhood nickname. There is much to be said about this return of the somnambulist to the state of childhood, which is, I believe, the great factor in suggestion. Let us simply note that N., who is like a child in somnambulism, is then extraordinarily suggestible and credulous, whereas she is not at all so in the waking state. L. also had a character in somnambulism, which was even a rather bad character. She was a child, if you will—but a child in that ungrateful age, sly, deceitful, stubborn, and very disobedient. Suggestions were therefore not always easy and were frequently rejected. B. must be placed at the head of this list, for her somnambulistic life is truly astonishing. This poor peasant woman, in her normal state, is a serious and rather sad woman, calm and slow, very gentle with everyone, and extremely timid. One would not suspect, seeing her, the person she harbors within herself. As soon as she falls asleep, her face is transformed, her expression is no longer the same, her eyes remain closed, but the acuity of her other senses compensates for the loss of sight. She is cheerful, boisterous, and energetic in a way that is somewhat unbearable; she remains kind, but has acquired a peculiar tendency toward irony and biting wit. There is nothing more curious than chatting with her at the end of a session, when she has received the visit of some new people who wished to see her asleep. She draws their portrait, mimics their manners, pretends to know their ridiculous quirks and their little passions, and invents a romantic story about each of them. One must add to this new character a huge quantity of new memories. Somnambulism has existed since this woman was four years old and she has always been observed and studied by a very large number of people;

---

<sup>17</sup> She was afflicted with hysterical paraplegia, which gradually disappeared through suggestion; she is almost totally anesthetic.

she has acquired in this state a quantity of memories that she is unaware of during waking, because forgetfulness is always complete upon awakening. Recently, a doctor in Le Havre who had frequently seen this woman during her somnambulism and was one of her friends (for she had then her preferences), met her while she was awake outside the city; forgetting under what circumstances he had seen her, he went up to her to greet her. The poor woman was dumbfounded, not recognizing at all the one who was speaking to her. And so there is a whole set of things that she only knows in somnambulism. It would not conform even to the basic principles of elementary psychology that this set of sensations, habits, character traits and memories so entirely different would form a synthesis, a system identical to the one that forms the normal personality. Thus, this woman cannot be considered the same person. "This good woman is not me," she says, "it's not me at all, she's too stupid," then adds: "It's the other, it's all true, all true; but it's a habit that one gave to me; and because of that, she believes she's also truly someone else." The magnetizers who studied this woman before I did<sup>18</sup> had called her Léontine when she was in somnambulism, and they recognized that she had reason to want to keep that name, having wanted to keep it herself. Léontine attributes to herself all the sensations and all the actions—in a word, all the psychological phenomena that were conscious during somnambulism—and she gathers them together to form a kind of history of her life that is already quite long; she attributes, on the contrary, to B., that is to say the normal person during waking, all the phenomena that were conscious during waking. I had at first been struck by an important exception to this rule and had begun to think that there was a bit of arbitrariness in this distribution of memories. B., in the normal state, has a husband and children; Léontine, during somnambulism, attributes the husband to *the other*, but attributes the children to herself. This choice was perhaps explicable, but it did not seem regular to me. I ended up learning that the magnetizers of old, just as bold as certain hypnotists today, had provoked somnambulism at the moment of childbirth; Léontine was not wrong to attribute the children to herself, for it was indeed she who had borne them. The rule therefore remained intact, and somnambulism was well characterized, as we have said, by the duplication of existence.

It is too easy to remark that this doubling of the somnambulists is not a perfect, theoretical doubling, such as philosophers might imagine. In such a doubling, each personality should forget or completely ignore the other person; this was apparently the case with Mac-Nish's patient. But the doubling in somnambulism is a certain kind of doubling, having its own laws proper to it and which must be understood. The principal characteristic of this case is the following: the relationship between the two personalities is not a reciprocal relationship. The waking personality does not have the same relationship with the

---

<sup>18</sup> Particularly Dr. Alfred Perrier, of Caen. This physician, at the time when studies of this kind were most discredited, from 1855 to 1865, carried out on this woman the most remarkable works; he produced and analyzed most of the phenomena that have only been described in recent years. It would be very useful and quite fair, in the interest of history and truth, to make these works known. Unfortunately, very few have been published, and those that have were under pseudonyms (Dr. X.), and in such a manner that they are nearly untraceable. If by chance one of the readers of this Revue possesses any documents related to Dr. Perrier (Dr. X.), books or manuscripts, they are urgently requested to inform me.

somnambulic personality as the latter has with the former. B., awakened after a somnambulism that lasted several hours, remembers nothing, she only knows vaguely that she spoke to someone and what she said, but she is as unaware of there being another existence as if she had no suspicion at all of the name or life of Léontine. I can therefore say that the waking life of Léontine, as seen by B., had completely disappeared, that it no longer existed in any way during the somnambulic state. L., whose awakening was sometimes very abrupt, sometimes continued upon waking the sentence that had been interrupted at the beginning of the somnambulism: these two moments of her real existence rejoined each other, blended so well that in the interval she was still convinced she had not been asleep and had felt nothing abnormal, and it was only through the study of the psychological phenomena of somnambulism that she realized it. So how does Léontine relate to B.? When I bring her back after an interval of waking, does she also come out of nothingness? Does she not exist in any way during B.'s waking state? If that were the case, Léontine should behave like B. and like L., join the different moments of her existence and not believe in their interruption, ignore the actions accomplished during waking and the life of the real person. But we know it is not so: Léontine knows very well that I hadn't *put her into somnambulism* for three months, she knows B., whom she finds rather stupid, and she recounts to me in detail B.'s life during that interval. The somnambulic character must therefore exist in some way during the waking state; it was brought to light and not created by hypnotic sleep.

## VI

I recounted a suggestion that had been made to B. during somnambulism and that had been executed unconsciously during the waking state. The next day the subject was asleep again, in the state of Léontine, and she spontaneously said to me: "Ah well, I did what you told me yesterday... the other one looked quite stupid while I was without my apron... Why didn't you tell her that her apron was undone... I had to do it again." In these spontaneous words, as I said, we must note several things: Léontine remembered the execution of the suggestion that had been completely unconscious for B. One might say that Léontine remembered the command made during the previous somnambulism rather than the execution itself; but here, and this is why I chose the account of this suggestion among a thousand others, the execution was characterized by a detail that had not been foreseen in the command. B. had noticed the fall of her apron, and the unconscious had recommenced the act twice, and it is this incident that Léontine remembered very clearly. So it is always thus; when a suggestion is given to a subject during somnambulism, it is first the somnambulic person who accepts it. This acceptance is more or less easy to obtain depending on whether the personality is more or less rudimentary. It is the same person who executes it unbeknownst to the waking person and finally who remembers it or at least guards the memory. One day I had Léontine perform a fairly complicated action so that the next day I could try to wake her. She stopped by saying: "Don't start... he told me this... he also said that... that's good, I know now," then turning toward

me: "You can wake me up," she said. The next day, the acts had been very well accomplished, but unconsciously by B., as if by that other person who had taken the precaution of learning them. In the following somnambulism, Léontine remembered all the details.

Everything I have just said applies exactly to B.'s spontaneous unconscious acts: Léontine retains a perfect memory of them. In the letter where I spoke of it, there was a part ignored by B. and only known to Léontine: now we see what that meant. She was indeed brought back in somnambulism and told me that she had wanted to write to me to warn me of the other's illness, and she recited the terms of the letter. Often she makes spontaneous resolutions in somnambulism; as when I questioned her on a detail of her life: "I will write to you one day," she said. The next day, I surprised B. dreaming aloud while her hand was writing, unbeknownst to her, the story that Léontine had promised me. It is worth noting that these auto-suggestions are carried out much less regularly than the suggestions made by me, but when they are carried out, they have absolutely the same characteristics. An excellent proof, moreover, that these unconscious acts are indeed Léontine's acts is that, as we have seen, if the subject can fall asleep during their execution, the same acts are then continued during somnambulism without change. I once surprised B. unconsciously writing a letter to Mr. Gibert: I rapidly put her into sleep, and Léontine continued her letter with even more activity.

It is useless to describe this same phenomenon of memory in the other subjects; it is absolutely identical if one takes into account, of course, differences in intelligence among the various somnambulistic personalities: not all recount with as much precision nor as much spontaneity as Léontine. I will insist only on one point: certain subjects like N. have, in somnambulism, the memory of all the unconscious acts, even those that were obtained through anesthesia or distraction, whereas this is not the case for B. The memories of these last two types of unconscious acts do not exist in somnambulism; we will have to conduct further studies to see what becomes of them.

This memory of the unconscious act during sleep should not surprise us if we look again at the very characteristics of these acts. We will in fact see that these acts all present the psychological characteristics of the somnambulistic persona and not those of the real persona.

- (1) Unconscious writing preserves the memory of somnambulisms, which the awakened persona does not possess. N. responds unconsciously in the name of Nichette, which the awakened self does not understand, she writes but without knowing that what she said during the previous somnambulism was written. We have in B.'s unconscious letter the name of Léontine that B. does not know, and all the expressions she cherishes in somnambulism, like: "The other, it's true, all true..., I'm going to demolish her," etc.
- (2) Unconscious writing reveals the knowledge of acts of the awakened persona, even of those that happen during her own waking state.<sup>19</sup>
- (3) One notices the electivity in unconscious acts as in somnambulism, and this electivity is the same during waking and sleeping. Thus L. can only be put to sleep by Dr. Powilewicz and by me; under hypnosis she obeys only us, it is

---

<sup>19</sup> See, for the study of this fact and the irregularities it may present, the observations published by Mr. Gurney.

also only to us that she obeys unconsciously during waking. Another person may well give once the automatic act during waking, but it is by speaking in our name in such a way as to deceive the unconscious. But it is impossible to treat in passing the question so interesting of electivity, it suffices to note that it establishes one more link between somnambulism and the unconscious act.

(4) The nature of the intelligence of the somnambulistic persona has the greatest influence on the nature of the unconscious act. Lem., as I said, has no memory during somnambulism, so she cannot carry out posthypnotic suggestions after a delay. The unconscious acts of N. are childish like Nichette's character, but as Nichette has a lot of memory, her unconscious acts can be obtained at any age with great precision.

Here is, in this regard, an observation made by chance, but which is not the least curious. In the first studies I had done on N., I had noticed a great aptitude for suggestions by distraction in the waking state; I had thus stopped these experiments on her and lost sight of this person for several months. When I saw her again, I wanted to try these same suggestions without prior somnambulism, but they did not have the same effect as before. The subject no longer turned her head when I commanded it, she no longer heard, there was therefore no longer the systematic anesthesia necessary for the unconscious act, but this act was not carried out. I then had to put the subject to sleep, but even in her somnambulism, N.'s appearance remained so singular that I no longer recognized the character I had studied some time before.

The subject heard me poorly or did not understand what I was saying. "What are you doing today?" I said to her at the end.

"I no longer hear you, I'm too far."

"And where are you then?"

"I am in Algiers, on a big square, I must be brought back."

The return was not difficult: one knows these journeys of somnambulists by hallucination. When she had arrived, she gave a sigh of relief, straightened up and began to speak to me as before. "Will you now explain to me," I said, "what you were doing in Algiers?"

"It's not my fault, it's M. X. who sent me there a month ago, he forgot to bring me back, he left me there.... Earlier you wanted to command me to raise my arm" (that was the suggestion I had tried to make during waking), "I was too far, I could not obey."

Upon verification, this peculiar story was real: another person had put this subject to sleep in the interval of my two studies, had produced different hallucinations and finally that of a journey to Algiers; not attaching enough importance to these phenomena, he had awakened the subject without removing the hallucination. N., the awakened person, had remained in normal appearance, but the unconscious persona, which was in her, retained more or less clearly the hallucination of being in Algiers. And when, without prior somnambulism, I wanted to make commands to this unconscious self, it heard, but did not believe it had to obey. Once the hallucination was removed, everything went as before. A modification in the awakened intelligence by somnambulism, once given, remains at least for several days, even months.

Is it really going too far beyond the observations—would it not rather be simply summarizing the preceding facts—to say: unconscious acts are not something distinct from somnambulism; they are somnambulism itself, no longer isolated, alternating with wakefulness, but extending beneath wakefulness without interruption?

## VII

The preceding propositions, which seem to clearly summarize certain facts, are unfortunately too simple to accommodate the complexity of psychological phenomena. There are indeed numerous exceptions to the preceding rules. Some somnambulists, like L., almost never recover in somnambulism the memories of unconscious acts; others remember only a few. Léontine (B.) remembers very well the unconscious acts that were spontaneous or by posthypnotic suggestion, but she never remembers the unconscious acts by anesthesia or by distraction, which are not the least interesting. What should we think of these unconscious acts whose memory does not reappear during somnambulism? Are they of the same nature as the previous ones, or are they subject to new laws?

To answer this question, two important things must be noted:

- (1) Among those subjects who, once asleep, do not retain the memory of all their unconscious acts, unconscious acts still exist during somnambulism itself.
- (2) These unconscious acts which still exist are precisely of the same nature as those unconscious acts from the waking state that were not recalled during somnambulism.

We must now demonstrate these two points.

First of all, there still exist unconscious acts during somnambulism, obtained by anesthesia, and this simply because these subjects preserve their anesthesia in somnambulism. The unconscious act from the waking state had been associated with a dissociated sensation of consciousness; as long as this sensation remains dissociated, it is not brought into full consciousness, the act associated with it will remain unconscious. Thus Léontine, being anesthetized in her left arm like B. herself, I obtained during somnambulism catalepsy of that arm, the continuation of movements, etc., as I have already described. Certain subjects can also be distracted during somnambulism just as during the waking state. Without a doubt, this is not possible for all: A., whose consciousness during hypnosis contains only a very small number of phenomena and who cannot hear anything from me, obviously cannot be distracted. Her consciousness is too small to divide, she is necessarily attentive, albeit with a passive attention, as Mr. Ribot has shown. But subjects like B. and L., who are intelligent during somnambulism and who speak about everything during this state, can be distracted. They pass very easily, perhaps too easily, from one idea to another, and they devote their entire attention in an instant to a single subject and person, forgetting all the others. In subjects of this kind, suggestion by distraction is very easily obtained during somnambulism. All my experiments on their actions and the writings of L. have been repeated with ease during somnambulism as during the waking state, and in both cases with Léontine. One day, Léontine was preoccupied with the presence of some

people I had brought into the room; I softly asked her to make flower bouquets to offer to the people around her. Nothing was more curious than to see her right hand pick up imaginary flowers one by one, place them in her left hand, arrange them nicely into a bouquet, tie them with a thread just as real, and offer them solemnly, all without Léontine having any suspicion or having interrupted her conversation. I was able likewise to engage in a sort of conversation with this unconscious part just as during the waking state. It was enough to command her to squeeze my hand to say "yes" and to shake it to say "no," or better yet to command automatic writing, which occurred during somnambulism, in the same manner as during the waking state.

But these phenomena have already been described and now have the same characteristics; I prefer to insist on a few new details. The freedom of the unconscious is now more considerable, it no longer always obeys and sometimes even vigorously refuses in writing to do what is asked of it. The unconscious can even get angry with me and refuse all reconciliation, while Léontine, unaware of the drama unfolding beneath her, chats amicably with me.

The spontaneous acts of the unconscious can also take on a very peculiar form which, if better understood, might perhaps better explain certain madnesses. B. was having, during somnambulism, a kind of hysterical crisis, she was agitated and screaming without my being able to calm her. All at once she stops and says to me in terror: "Oh! someone is speaking to me like that..., it frightens me."

"No one is speaking to you, I am alone here with you."

"But yes, over there, on the left." And now she gets up and wants to open a cabinet to her left to see if someone is hidden there.

"What are you hearing then?" I say to her.

"I hear to the left a voice that repeats: enough, enough, now be quiet, you're annoying us."

Certainly the voice that was speaking thus was in her own head, for Léontine was unbearable; but I had suggested nothing of the sort to her and had hardly thought of causing her at that moment an auditory hallucination. Another day, Léontine was this time quite calm, but she stubbornly refused to answer what I asked of her. She still heard to her left the same voice which said to her with terror: "Come on, be wise, you must speak." The unconscious thus sometimes gave her good advice.

The unconscious acts obtained in this manner during somnambulism seem to be of the same nature as those obtained during waking life and to be associated with them. They present with the same characteristics and the same laws as the previous ones, and furthermore they are evidently linked to those by the bonds of memory. In L., the unconscious during waking life signed her letters with the name Adrienne; she signed them again with the same name during somnambulism and continued to show in these letters the same knowledge and the same memories. If I had commanded B. during waking life to perform an unconscious act, she still ignores it during somnambulism; but if I take advantage of a distraction in this new state to command "the same act as earlier" without specifying further, that act is reproduced very exactly, but without Léontine's awareness, as if the memory of it had been preserved unconsciously. When I make

this unconscious speak, either by signs or by automatic writing, it can very exactly recount the unconscious acts that were carried out during waking life and of which Léontine has no conscious recollection. It seems, in a word, that these unconscious acts associated with one another form beneath the somnambulism a new synthesis of phenomena, a new psychic existence, just as the somnambulic life itself existed in the waking state beneath normal consciousness.<sup>20</sup> The first unconscious existence, which existed mixed with this one during waking life, was brought to light by hypnotic sleep—that is, to avoid metaphors, we found in somnambulism a state in which the subject had conscious memory of these acts. It is natural to ask whether there is not an analogous state for this second series of acts which, unconscious during waking life, remained so during somnambulism. Among the spontaneous unconscious acts of B.'s somnambulism, we have not yet mentioned one of the most curious: often the hand holding the pencil, instead of responding to the question asked, writes on its own these words: "I want to come." Sometimes even, though rarely, these words are spoken by Léontine's own mouth, but completely without her awareness in the middle of another conversation. Let us now try to satisfy this desire of the unconscious and lead it to its goal.

## VIII

We have isolated and, so to speak, brought into full daylight the first unconscious state by putting the subject to sleep—that is, by suppressing that superficial layer of conscious phenomena which seemed to extend above automatic actions; why not use once again the same method? To make that conscious somnambulistic layer which is like a second layer of phenomena disappear, let us try to put the subject to sleep again as if he were not already, and let us add a second hypnotization to the one already given. All subjects are undoubtedly not suitable for this experiment. After being led to attempt it on L.<sup>21</sup> for the first time, I tried to repeat it on many healthy subjects without success. We know, however, that in L., where we go beyond the first somnambulism: the subject, after a deep sleep which lasts for about twenty minutes, awakens in a new state that one can call a second somnambulism. The person who speaks then in this new state (I have indicated elsewhere my reasons for believing so), is no longer the personality of the waking state, nor that of the preceding somnambulism, it is the person who had until then been unconscious and who responded to the name Adrienne. The tactile sensitivity, the memory of crises, of natural somnambulisms, of causes, of unconscious acts—in a word everything that characterized the person of Adrienne—are now found in this person. But the

<sup>20</sup> This fact has already been glimpsed several times: "If the reflection that is proper to active somnambulism must be considered unconscious because of the complete forgetting upon waking, then the latent sensations that are not perceived during somnambulism, but which enter the brain, must be considered as a second degree of unconsciousness." (Ochorowicz, *De la suggestion mentale*, 1887, p. 227.)

<sup>21</sup> "L'anesthésie systématisée et la dissociation des phénomènes psychologiques," *Revue Philosophique*, May 1887, p. 467.

study of this second somnambulism having been pushed much further with B., it is to the description of this subject that we will now restrict ourselves exclusively.

The discovery of the second somnambulism in L. naturally led us to wonder whether there was not something analogous in B., since this subject presented unconscious acts with the same characteristics. We must first wait until the state of somnambulism during which Léontine has conscious life and fully developed speech is complete, which occurs only after two or three hours. Let us then try to put Léontine to sleep as if she were a real person and use for this the same procedures, thumb contact, passes, etc. Léontine gradually ceases to speak, falls into deep sleep, and ends by entering lethargy.<sup>22</sup> Let us continue the passes despite the lethargy; the subject gives a sigh and seems to wake up little by little. But this singular awakening is very slow. The senses seem to awaken one after the other: the muscular sense first, because the subject now keeps the limbs in the position in which they are placed, the sense of touch next when an object placed in the hands provokes a movement, sight finally, when the subject sees in full catalepsy and imitates the movements made before her. If we abandon her to herself as I used to do before, she falls back by degrees into the preceding somnambulism, Léontine reappears with her ordinary character and retains not the slightest memory of what happened during the previous periods. But, curious thing, the unconscious that we continue to pursue remembers it all and very often repeats, without Léontine's knowledge, or writes down the acts that were performed during the catalepsy. The unconscious was therefore present during the catalepsy, while Léontine had disappeared; it is to the catalepsy that we must return. Instead of abandoning the subject, we must continue the passes especially on the head during the catalepsy itself. The state of the subject then gradually transforms and the catalepsy develops into a new somnambulism. This should not surprise us, for we know that at the beginning of sleep there is often a catalepsy which, in developing, forms the first somnambulism. But we cannot entirely identify the different forms of catalepsy that some authors mistakenly, we believe, confuse with complete somnambulism. Let us content ourselves with studying the state to which we have arrived and which in no way resembles the previous ones.

The subject who had been sitting upright during the catalepsy gradually relaxed, gently closed her eyes, and seemed to fall into a deep sleep. Neither the pressure of the tendons, as in lethargy, nor the friction of the skin, as in somnambulism, provoked contractions. The arms remain in the position where I place them, if I insist a little. The face is pale, the eyes sunken and the lips tight, with an expression of severity and sadness that is not her usual one. This state seems to resemble catalepsy, of which it is only the development, but there is one capital difference: the subject can now hear and respond. She speaks, it is true, in a peculiar manner; she begins by repeating my questions, as in cataleptic echolalia, but then responds. "Do you hear me," I say to her. — "Do-you-hear-me-sir," she replies after a moment of silence. This speech is not always present, for there are in this second somnambulism, as in the first, alternating states of

---

<sup>22</sup> The description of the different periods of sleep in this subject has already been given by us in the *Revue scientifique*, May 8, 1886: *Les phases intermédiaires de l'hypnotisme*.

wakefulness and sleep that differ only by the presence or absence of speech. But thanks to this language, we can gain insights into the subject's psychological state. The sense of touch exists on both sides,<sup>23</sup> an object placed in the hands and hidden behind a screen is easily recognized. We know that Léontine, on the contrary, could not recognize an object placed in the right hand and did not feel it with the left hand. Muscular sense also exists equally on both sides, although earlier it existed only on the right. The eyes being completely closed, there is no need to study the sense of sight. The subject has the sense of hearing, though in a peculiar way: she does not hear me or hears only when I speak directly to her; she is completely isolated, separated from the outside world and from other people. The movements of the limbs are easy, though slow, if I command them, but it is rare for spontaneous movements to occur, and this immobility contrasts with Léontine's usual perpetual agitation. Let us add one final general remark that I highlight without attempting to interpret, since this article is mainly a list of facts: the left side of the body is more sensitive and especially more active than the right side; it is the left arm that moves most willingly, whereas the right arm remains usually pressed against me and is this subject's means of communication. And it is known that in the subject's normal life it is always the left side that has been ill and weakened in every possible way. Contractures, anesthesias, cold sweats, eye diseases, even tooth decay that destroyed all the molars on that side and left the other intact — such is the lot of the left side during wakefulness. It seems quite reasonable to see in this the physical underpinnings of second somnambulism.

If one manages to maintain this same state for some time, one hour for example, which is difficult, the intelligence seems to develop; the subject repeats the questions less and answers them more. We can then observe more complex psychological facts. I will not dwell on the serious and docile character the subject then assumes and which is so different from that of Léontine, but I will study what seems to me capital in all somnambulism, the state of memory:

- (1) The subject in this state remembers everything that he did or heard in somnambulisms of the same kind.
- (2) The subject easily remembers what was done during the waking state, but he still distinguishes himself from the waking person: "B., the other," he says, "did that, I know she did it, I saw her do it";
- (3) Finally, the subject in this state remembers the ordinary somnambulism and the actions of Léontine, but, strangely, still distinguishes himself from it: "You see well," he says, "that I am not that chatterbox, that madwoman... we do not resemble each other at all."

In a word, the subject remembers his *whole conscious life*, but he distinguishes himself from the two preceding existences. He told me that he had once been, *twenty years ago*, brought by Dr. Perrier who had found her as I did, trying to deepen Léontine's sleep. This resurrection of a somnambulistic character that had disappeared for twenty years was very curious, and I naturally kept for him the name of Léonore, which had been given to him by his first master.

---

<sup>23</sup> To speak precisely, it must be said that the subject perceives tactile sensations, but does not appear to feel pain; there is still analgesia if there is no longer anesthesia.

The most important characteristic of this new somnambulism is observed only when it is over. In fact, this state is ended in different ways: the subject falls back into lethargy, then wakes up in ordinary somnambulism, the state of Léontine. She resumes the conversation at the point where it was interrupted *while she is in the same state and has never the slightest memory of what happened in the state of Léonore*. This loss of memory is not caused by the intermediate lethargy; it is a characteristic dependent on the second somnambulism, for Léontine remembers her whole life, even though it has been interrupted by numerous lethargies. In a word, Léontine remembers Léonore no more than B., fully awake, remembers somnambulism. The state of Léonore is indeed a new somnambulism in relation to that of Léontine, just as the latter is one in relation to the waking state.<sup>24</sup>

## IX

Before examining the second somnambulism further and pursuing in this state the study of unconscious acts, we must try to resolve a difficulty that will no doubt present itself to the mind of readers as it did to ours. Is the state of Léonore truly a new psychological state, a new synthesis of conscious phenomena? Is it not simply a very complex hallucination during somnambulism, leading to one of those personality changes that Mr. Richet studied under the name of objectivation of types? Without being able to affirm anything definitively, we will be content to set out a few reasons that prevent us from identifying the character of Léonore with these ordinary personality changes by hallucination.

---

<sup>24</sup> This new state, or second somnambulism, has until now been very little studied. But it is worth noting that it has been signaled. Here is the summary of a very curious observation first published in the *Bibliothèque du magnétisme*, then again in a newer edition of the *Traité de somnambulisme* by Bertrand, 1823, p. 318. A young girl of thirteen or fourteen fell into different nervous states distinguished from wakefulness, nervous crises, natural sleep, and artificial or magnetic somnambulism. Although the patient did not retain memory or free use of her intelligence in all these different states, she remembered in each state only what she had done in that particular one; but what will seem extraordinary is that in the magnetic somnambulism, which dominated and thus reigned over all the other types of somnambulism she experienced, she remembered everything that had happened, either in the noctambulism, or in the nervous crises, or in the waking state. In noctambulism, she forgot magnetic somnambulism and her memory extended only over the three lower states. In the nervous crises she had at least the memory of noctambulism; finally, in the waking state, which is the highest degree, she forgot everything that had taken place in the lower states.\*\* This observation is especially interesting here because it could apply almost literally to the story of L.\*\* Here is now an excerpt from a more recent work, a very brief note that I read with great pleasure yesterday, because it entirely confirmed studies I've long been conducting:

If this continuation, this extension (of the magnet), determines a new state that resembles the somnambulic state, in which the subject regains possession of his intellectual faculties... He loses upon awakening the memory of what happened in that state, but he finds it again when he is brought back... the subject is no longer in communication except with the operator...

I am led to believe that with a sufficiently sensitive subject, we could thus determine new phases presenting the various characteristics attributed to lucid somnambulists all the way up to the ecstatic state described by Charpignon. (*De Rochas, Les Forces non définies*, 1887, in the appendix.) Finally, let us point out, in the latest article by Mr. Gurney, "Stages of Hypnotic Memory," many examples of evidently analogous facts.

It is quite easy to obtain from this subject those objectivations of types. During ordinary somnambulism, in the state of Léontine, it suffices, through suggestion procedures that act on this subject, to command her to hallucinate the desired figure. I have metamorphosed her into a great princess, into a general of the army, into a ten-year-old girl, into a village bride, into a country doctor, etc. She brings into these roles a force of imagination and an intensity of life that are extraordinary. But whatever the change effected may be, we always observe certain characteristics which I still attribute to the state of memory. During these changes of personality, Léontine retains no memory of the other changes. So when she plays the role of a great princess, she doesn't know what I mean when I speak to her about the general's costume she wore just a moment before. She has no memory of the waking state; being a princess, she doesn't know what B. is and does not even want to believe that she is a peasant woman living on her lands. She no longer remembers either the state of somnambulism and the character of Léontine; it is also useless to add that she remembers just as little the second somnambulism and the character of Léonore. She has absolutely forgotten everything she knew in those states; for example, she no longer knows my name. If she speaks to me, she incorporates me into her dream and gives me a fantasy name; when she is a princess, she calls me "Marquis de Lauzun" and speaks to me mincingly and while playing with an imaginary fan; when she is a general, she takes me for a colonel and offers me... an absinthe. She retains in those states only very general memories, speech, habits, notions of the world which for this subject, moreover, are a common background in all states. She also retains in one of these changes the memory of a change exactly like one that occurred earlier. Is she once again a princess, she says to me: "Ah, Monsieur le Marquis de Lauzun, I've seen you before a little while ago; we talked about a peasant woman you are interested in and whom I don't know at all." She even remembers people she saw twenty years ago, when Dr. Perrier, already conducting this experiment, also made her act as a princess. But the important fact to note is that she remembers only the same dream; everything else is absolutely lost to her.

When the hallucination is over, when she ceases to be a princess, she returns to the somnambulism of Léontine without passing through any intermediate state, neither lethargy nor catalepsy. Most often, although not always, Léontine upon return retains the memory of the personality change: "What a strange dream I had... I was wearing a velvet dress and chatting in a beautiful salon with a marquis... you weren't there." If this memory is sometimes missing during Léontine's somnambulism, we are certain to find it again in the second somnambulism. Léonore, in fact, who remembers all the rest of her life, also remembers the hallucinations that Léontine may have had. "She was quite foolish, that poor Léontine," she says, "she believed she was a princess: it was you who made her believe that."

It is easy to see now that the state of memory is completely different during the second somnambulism. Instead of being restricted to the state itself, the memory extends over the entire life and all changes, whatever they may be. Upon wakening, the memory of this somnambulism is not found in any other state. These are precisely inverse characteristics, and the state of memory is so important in

these studies that I believe I can use this difference to completely separate these two kinds of personality changes. Moreover, a more complete study, which is now possible, will further emphasize this opposition.

Léonore, as we have said, possesses during this new somnambulism the complete knowledge of the conscious life; but we have observed that, beneath this consciousness, there were a large number of subconscious psychological facts. Does Léonore know them as well? There are first unconscious acts performed during the waking state which were already remembered and known during the first somnambulism, these are obviously very well known by Léonore, since she is unaware of nothing from the life of Léontine. But if there were other unconscious acts, whether by distraction or by anesthesia during the waking state, which Léontine could not retrieve and which occurred again unconsciously during the somnambulism itself—well then! The first ones that were obtained by distraction exist very clearly in Léonore's memory, and we again find with respect to this a trait already noted. Léonore, who is the first to consciously remember these facts, attributes them to herself: "While she was talking to so-and-so," she says about an unconscious act from the waking state, "you had to raise her hand, I had written for her, but she did not want to look at the time..." "While Léontine was speaking," she said about an unconscious act during the somnambulism, "you told her to make bouquets; I made two; I did this and that..." And she repeats all the gestures I described and which had been unconsciously performed in the previous state. She also remembers letters written by Léontine: "It was me who wrote that, be careful with her arm, it was me who told her to breathe; wasn't I right? Wasn't it me who wrote that I wanted to come, you didn't bring me for a long time, it was a good reason." Finally, she attributes to herself Léontine's strange auditory hallucinations: "What happened to her," she says, "when she was afraid? — Oh! It's nothing, it's me who told her to calm down; I saw that you were annoying her, I don't know why she got scared." Léonore also very easily remembers the actions performed during the true catalepsy which preceded the second somnambulism, and it is not one of the lesser curiosities of this study that the discovery of a somnambulistic state which is completely connected to the true catalepsy. It has been said sometimes that cataleptic actions were entirely automatic; we have signaled earlier, and will perhaps later, the intelligent writing during the cataleptic attack; we are now finding a somnambulistic state where the subject can recite everything that was made to be done during catalepsy. But we do not want to insist here on the physiological characteristics of catalepsy which are not part of our topic and which demand a separate and complete study.

Left are the unconscious acts by anesthesia, that is to say, very simple movements communicated to the left arm when it was anesthetic during the waking state or during the first somnambulism: the memory of it is certainly less consistent. Most often Léonore recalls them and tells us: "You placed my left hand like that, I kept it in the air to obey you; I thought that's what you wanted." But sometimes, when these movements were very small, they seem forgotten and Léonore, like Léontine before her, claims that she did nothing with the left arm. However, we should not hastily conclude that this act was truly unconscious and will remain completely forgotten.

It indeed sometimes happens, during the course of the second somnambulism, that a new state arises—a kind of very strange crisis about which I still cannot speak with sufficient competence. All of a sudden, and without apparent reason, the subject ceases to hear me and to speak; she grows increasingly pale, and it is by this sign that I recognize the beginning of the attack. Slowly the expression of the face changes; the eyebrows lift as if the eyes were going to open, but they remain closed and nevertheless seem to turn upward toward the sky; the mouth smiles, and the face takes on an expression of beatitude. Then both hands, completely straight, rise into the air; finally, if the attack is fully developed, the entire body rises while turning to the left, leans forward, and remains as if suspended on one foot. It is impossible for me to enter into communication with the subject at this point, but I must watch her very closely, for this attack ends abruptly. All the muscles relax at once, and the body falls so heavily backward that it would be injured if it were not supported. Léonore—because she has remained the same despite this crisis—gradually returns from her emotion and then tells me that she was dazzled by a light which rose to the left, grew in size, and then suddenly disappeared. I would not speak now of this phenomenon, which is evidently an ecstatic attack, if it did not appear to have some relation to the memory of the unconscious acts we are studying. Indeed, if any such memory had until now escaped Léonore, she constantly retrieves it during the ecstasy and recounts it to me after the attack. This act, which had seemed to remain definitively outside of consciousness, is now remembered after this violent upheaval.

It must be admitted, however, that certain phenomena never become conscious: these are the phenomena that occur during complete lethargy. It is true that only contractures can be obtained, but the contractures produced during somnambulism, even if they are unknown to Léontine, are known by Léonore, whereas the contractures produced during lethargy—if care is taken to eliminate them before the end of the lethargy—are not remembered in any state. That is not surprising, one might say, since these are purely physical phenomena with nothing conscious about them. That may be true, but certain observations seem to me to prove that a certain intelligent discernment persists even during lethargy:

- (1) In this subject, even electivity persists during lethargy: I alone am able to produce the contractures by tendon shock, and I alone can undo them.
- (2) To undo the contractures, it is not necessary—as has already been noted—to strike exactly the antagonist muscles; it suffices to strike the muscles at random for the contracture to be resolved.
- (3) I have even noticed that to undo a contracture of the arm in flexion, it was enough for me to gently pull on the fingertips.

It seems that there is still some thought capable of understanding that I want to extend the arm. But this lethargic consciousness, if it exists, must be very weak, very deeply hidden, and I have not yet been able to bring it to light.

To verify the role of Léonore in the other unconscious acts we have spoken of, there remains one last experiment to carry out. Let us give a suggestion to Léonore in order to see in what manner it will be executed. If I command her to perform an act that must be done immediately, she obeys very docilely, but

performs all the acts with consciousness. There are no longer, during the second somnambulism, any acts executed unconsciously. This, moreover, is quite natural, since the subject is no longer anesthetic and can no longer be distracted.

Léonore, being able to hear only me, always listens to me and is never distracted. But let us give a posthypnotic suggestion—that is, one which must be carried out after Léonore wakes: "When you are awake, you will take a scarf from the table and put it on." The subject is then brought back to the first somnambulism, and Léontine resumes her usual chatter. But the body rises, and the arms carry out the order just previously given to Léonore. Léonore, in effect, is now in the background; she acts unconsciously or subconsciously. If one provokes automatic writing, the hand will write: "I took a scarf... you had told me to," and will sign "Léonore." Is this not the verification of what had been established regarding subconscious acts during the first somnambulism?

We shall in no way attempt to explain the phenomena that we have just described as exactly as possible. No doubt it is likely that many of these facts would find their rationale in the laws of cerebral physiology. But this science is perhaps not yet advanced enough to enter into such details, and besides, we could not speak of it competently; it would expose us, as we too often see done, to substituting in psychology, for the old religious beliefs, physiological fantasies that would have less poetry without having more certainty. We believe that psychology itself must first reduce these new facts to a few simple laws of association or of memory, and that only later, once these laws are determined, physiology may take them up and seek their explanation. We would therefore be satisfied if we could only summarize the facts we have described with a few simple formulas: that alone is already quite ambitious. Borrowing the modest formula of the physical sciences, we shall say:

- (1) If one considers the acts executed unconsciously in the waking state by certain persons suffering from hysteria, things seem to take place as if there were in them several simultaneous and superimposed layers of conscious phenomena grouped in systems, as if certain phenomena could not belong simultaneously to two layers or two systems, and disappeared from one to enter into the other.
- (2) If one considers memory and the association of ideas in these same persons, things seem to take place as if the phenomena of a given layer or system associated easily with the phenomena of a higher layer, in such a way as to be able to evoke them through memory, but did not associate in the same way with those of the lower layer.
- (3) If one considers in these same persons certain abnormal states, certain dreams, some crises, natural somnambulisms and artificial somnambulisms, things seem to take place as if these abnormal states simply had the result of suppressing one or several of the upper layers and thus bringing to the foreground—with the characteristics proper to them—the phenomena of the immediately lower layer.

We may perhaps express these three formulas more clearly by means of a schematic table. Let us suppose that the horizontal lines represent the different layers of conscious phenomena, and that the vertical lines represent the successive

moments and the different states through which the subject passes. Finally, let us suppose that the letters represent the various psychological phenomena—simultaneous when the letters are in the same vertical column, successive when they are in different columns.

<i>Waking State</i>	<i>1<sup>st</sup> Somnambulism</i>	<i>Catalepsy</i>	<i>2<sup>nd</sup> Somnambulism</i>	<i>Ecstasy</i>	<i>1<sup>st</sup> Somnambulism</i>	<i>Waking State</i>
A B C D						E F G H
<i>a b</i>	<i>c d e</i>				<i>f g h</i>	<i>i j</i>
<i>a' b'</i>	<i>c' d'</i>	<i>e'</i>	<i>f' g' h'</i>	<i>I' j' k'</i>	<i>l' m'</i>	<i>n' o'</i>

During the waking state, we observe three superimposed layers of phenomena:

- (1) A B C D — the conscious phenomena which form the normal personality of the individual, for example B.
- (2) Beneath that, unconscious acts such as *a b*, whether spontaneous or produced by posthypnotic suggestion.
- (3) Further below, acts even more unknown, if that is possible, obtained by distraction or thanks to anesthesia. (I have often observed that these two forms of unconsciousness can occur simultaneously.)

The phenomena A B C D do not associate with the others and can neither evoke them nor be aware of them. The phenomena *a b* connect easily with the phenomena A B C D, which they are aware of; they cannot associate with the phenomena *a' b'*. The latter can evoke and know all the others. The sleeping subject enters the first somnambulism. The series A B C D has completely disappeared; normal life is interrupted; but the series *a b* is now the first; it has at its disposal the most habitual means of expression and retains the memory of the facts A B C D with which it was previously connected, but it cannot grasp the series *a' b'*, which continues in *c' d'* and acquires new memories. This latter emerges in turn, more or less completely, in catalepsy, the second somnambulism,

and ecstasy. This layer of phenomena retains the memory of all the others. The return to normal life would be explained in the same way.

It is almost unnecessary to point out that this entirely schematic diagram is incomplete in many respects. Not all the states are represented; the number of phenomena listed on each line is arbitrary; the nature of these phenomena, their similarities or differences, are not indicated. Far from expressing the general state of consciousness in hysterics, this diagram does not even exactly express the phenomena observed in a single subject. But it is so difficult to express these phenomena—both delicate and important—for which psychology does not even have precise terms, that we believe we have the right to resort to this imperfect means. A summary of this kind will clearly highlight the difficulties of the problem and everything that still remains to be done in order to determine the degree of truth and generality of these observations.

Pierre Janet